## PART B - FEE(S) TRANSMITTAL

## Complete and send this form, together $\sqrt{k}$

applicable fee(s), to: Mail Mail Stop ISSU EE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
or Fax (571)-273-2885

INSTRUCTIONS: This appropriate, All further indicated unless correct maintenance fee notifical	form should be used f correspondence includir ed below or directed off tions.	or transport or transport or the Parents of the Par	mitting the ISSU atent, advance on n Block 1, by (a	JE FEE and PUBLIC, rders and notification of specifying a new co	ATION FEE (if required in the property of maintenance fees respondence address	uired). I will be s; and/or	Blocks 1 through 5 s mailed to the current r (b) indicating a separate	hould be completed wher correspondence address a trate "FEE ADDRESS" fo
CURRENT CORRESPOND	ny change of address)	·	Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, mus have its own certificate of mailing or transmission.					
21567	7590 05/14	/2008					of Mailing or Trans	
WELLS ST. JO 601 W. FIRST A SPOKANE, WA	AVENUE, SUITE 1	300		I S a	hereby certify that the tates Postal Service ddressed to the Maransmitted to the US	his Fee( with suf iil Stop	s) Transmittal is being ficient postage for first ISSUE FEE address 1) 273-2885 on the d	deposited with the United to class mail in an envelope above, or being facsimile ate indicated below.
,,,,,				ſ				(Depositor's name)
		•	<del></del>			(Signature)		
				ŀ	<del></del> -			(Date)
								(Date)
APPLICATION NO.	FILING DATE		FIRST NAMED INVI		R ATTORNEY DOCKET NO.		RNEY DOCKET NO.	CONFIRMATION NO.
10/542,187	07/13/2005			John W Grossenbach			GR61-042	2697
TITLE OF INVENTION SPECTROMETER OPE			SEMBLIES, MA	SS SPECTROMETRY	VACUUM CHAM	BER LI	D ASSEMBLIES, AN	D MASS
APPLN, TYPE	SMALL ENTITY	ISSU	JE FEE DUE	PUBLICATION FEE DU	JE PREV. PAID ISSU	JE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES		\$7 <del>20-</del> \$1440	\$300	\$0		\$1 <del>920</del> 1740.00	08/14/2008
EXAMINER			ART UNIT	CLASS-SUBCLASS				
LOGIE, MICHAEL J 2881				250-288000	<del></del>			
<ol> <li>Change of correspondence address or indication of "Fee Address" (3 CFR 1.363).</li> <li>Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.</li> <li>"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Custom Number is required.</li> </ol>				2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered patent attorneys or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
3. ASSIGNEE NAME A	ND RESIDENCE DATA	то ве	PRINTED ON T	L	type)		· · · · · · · · · · · · · · · · · · ·	
				4	•• /	nee is id	dentified below, the d	ocument has been filed for
(A) NAME OF ASSIG	GNEE			(B) RESIDENCE: (CI	TY and STATE OR	COUNT	RY)	
Griffin A	nalytical Tec	hno1o	gies, L.I	W	est Lafayet	te, I	ndiana	
Please check the appropr	iate assignee category or	categori	es (will not be pr	inted on the patent):	☐ Individual ဩ C	Corporati	on or other private gro	oup entity Government
	are submitted:  No small entity discount professions of Copies five (5		4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)  A check is enclosed.  Payment by credit card. Form PTO-2038 is attached.  The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 23-0925 (enclose an extra copy of this form).					
5. Change in Entity Sta	tus (from status indicated	d above)			·			
• •	s SMALL ENTITY statu			b. Applicant is no				
NOTE: The Issue Fee an nterest as shown by the	d Publication Fee (if root records of the United Sta	uived) wi kes Paten	ll not be accepted t and Trademark	d from anyone other that Office.	n the applicant; a reg	gistered a	attorney or agent; or th	e assignee or other party in
Authorized Signature		· •			Date 🗲	112/	/ 8	
Typed or printed nam	·	С. Ну	· · · · · · · · · · · · · · · · · · ·		Registration			
This collection of inform an application. Confiden submitting the completed his form and/or suggesti	ation is required by 37 C tiality is governed by 35 I application form to the ons for reducing this bur	FR 1.311 U.S.C. 1 USPTO den, sho	1. The information 22 and 37 CFR. Time will vary uld be sent to the	on is required to obtain on 1.14. This collection is depending upon the interpretation Office Chief Information Office.	or retain a benefit by estimated to take 12 dividual case. Any c ficer, U.S. Patent and	the publ minutes omment I Traden	ic which is to file (and to complete, includin s on the amount of tin ark Office, U.S. Depart	by the USPTO to process g gathering, preparing, and ne you require to complete artment of Commerce, P.O

Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.